

**APPLICATION FOR
NASA GODDARD SPACE FLIGHT CENTER
SUMMER INSTITUTE IN SCIENCE, TECHNOLOGY,
ENGINEERING AND RESEARCH
(SISTER)**



June 28 - July 2, 2004

Please complete the application in full (front and back). Failure to do so may result in ineligibility to attend the institute.

Name of Applicant: _____

Home Address: _____

Telephone: _____ Date of Birth: _____

Name of School: _____

School Address: _____

School Telephone: _____ Current Grade Level: _____

Counselor: _____ Grade Level (Fall 2004): _____

Principal: _____ County: _____

In Case of Emergency, who should be notified?

Name: _____

Relationship: _____ Telephone: _____

List mathematics and science courses you have taken: (List grade average for each)

Describe science/math/technology projects you have worked on or completed:

If you were asked to complete a project for your science class next year, what topic in Earth/Space Sciences, Technology, or Engineering would you choose? _____

List hobbies and extra curricular activities you enjoy:

Discuss your participation in school and community organizations and your involvement in volunteer activities:

Recommendation by science or mathematics teacher: (Include written recommendation(s) with this application)

Science teacher name: _____ Signature _____

Math teacher name: _____ Signature _____

In the space below, write a short paragraph(s) describing why you would like to participate in this program (continue on a separate sheet of paper, if necessary). Please include the following: (a) how you became interested in a math or science career (through someone you know who is a scientist, because of one of your teachers, books, magazines, TV, etc.); (b) what are your current career goals, if any; (c) what you expect to learn from this program; and (d) anything else you would like to tell us about yourself that would help us in the selection process.

Certification of parent(s)/guardian(s):

I certify that the applicant is a United States citizen by birth or naturalization. If naturalized, give the following information:

Naturalization Number: _____ Date: _____

Check type of transportation provided for your daughter:

☐ Car (Name of parent/guardian responsible): _____

☐ Car (Name of relative/friend responsible): _____

☐ Public transportation: ☐ taxi ☐ bus/metro

Parent Recommendation:

Parents, please provide comments addressing your daughter's participation in the SISTER Program. (Continue on separate sheet of paper, if necessary.)

Consent of parent/guardian:

As the parent/guardian, I certify that the applicant has my permission to participate in the SISTER program. It is my understanding that she will be subject to the regulations of the Goddard Space Flight Center (i.e., badges must be worn at all times and car passes must be displayed when entering the Center, etc.). I understand that should a health emergency arise, I will be notified, but that if I cannot be reached by telephone, such medical treatment as deemed necessary by competent medical personnel is authorized.

Signature of Parent/Guardian:

_____ Date: _____

